

**MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION
DEVELOPMENTAL DISABILITIES ADMINISTRATION INFRASTRUCTURE GRANTEE REPORT**

I. GRANTEE INFORMATION

Agency Name:		Date:	
Street Address:		Suite/Unit #:	
City:	State:	ZIP:	
Agency Contact, Title:			
E-Mail:		Telephone:	
DDA Provider #:			

II. DDA-CHRC FUNDING AWARD SUMMARY

Please provide the total grant funding awarded for each area that your agency received, for each round of the Call for Proposal. Please leave "not applicable" lines blank.

DDA Funding Area	<u>Round One</u> Funding Award	<u>Round Two – Standard</u> Funding Award	<u>Round Two – Lottery</u> Funding Award	Total Grant Funding Award
1. Vehicles and other forms of transportation	\$	\$	\$	\$
2. Adaptation or Modification to a DDA licensee - owned vehicle	\$	\$	\$	\$
3. Information technology equipment, software or related services	\$	\$	\$	\$
4. Adaptations, modifications, repairs or improvements to existing provider-owned properties	\$	\$	\$	\$
5. Start-up or expansion of existing infrastructure	\$	\$	\$	\$
6. Staff training	\$	\$	\$	\$
TOTAL GRANT AWARD	\$	\$	\$	\$

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III. GRANTEE REPORTS

The CHRC requires grantees to submit an Interim (October 1) and Final Report (December 1). If your organization meets the following criteria, one Final Report can be submitted in lieu of the Interim Report and Final Report:

- (1) By October 1 all grant funds have been expended; and
- (2) By October 1 all grant funded activities have occurred/taken place.

If your organization meets both of the above requirements, submit one report by October 1 and check mark Final Report below. If your organization has not met both criteria, you are required to submit an Interim Report by October 1 and check mark Interim Report below. A Final Report will be due to the CHRC by December 1.

Please indicate below if this report is the Interim or Final Report:

Interim Report	
Final Report	

The CHRC reserves the right to require grantees to submit an additional report/information, if upon review of the reporting materials, finds that the grantee has not met the above criteria.

IV. NARRATIVE REPORT

Grantees must submit a concise (1-2 pages) narrative report which should cover activities and projects supported by grant funding received from Round One, Round Two and Lottery Funding. Narrative reports should include the following information:

- a. Short description of each grant-funded project or activity;
- b. A status update on each project(s) implementation/completion. If there have been any issues or delays in projects, this should be described;
- c. Next steps, if any, that the grantee will be taking to complete the grant project (s); and
- d. Outcomes, results or impact of the project(s) on individuals served by the grantee.

Please provide the narrative document either as an attachment to this form or input this information directly below.

(Use the Enter key to add lines as needed)

V. EXPENDITURE REPORT

Grantees must submit a comprehensive, line-item expenditure report that details how grant funds were expended. Include all grant funds expended from Round One, Round Two and Lottery Funding. Please use the expenditure form below to provide this information. (Add or remove lines as needed)

Expense Item	Paid To (Organization/Company)	Original Budget Amount	Actual Expenditure	Date Expended
e.g. Contracting expenses for repairs/updates to bathroom at 235 Main Street, Largo	Apex Construction	\$17,000	\$17,085	7/25/2012
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
	Totals	\$	\$	

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VI. DOCUMENTATION OF EXPENDITURES

As an attachment to this form, please provide documentation of expenditures provided in the expenditure form (e.g. receipts, invoices, cancelled/paid checks). For staff trainings please provide a copy of the training agenda and an attendance sheet of each training session, in addition to receipts/invoices paid for training.

Additional items, such pictures of purchased vehicles or before and after photos of infrastructure improvements are not required but are encouraged.

VII. DISCLAIMER AND SIGNATURE

Were grant funds used in an identical way as to what was approved in the original, approved grant proposal(s) (or subsequent approved grant modification)? (Check mark one line below)

Yes	
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No	
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If you answered **No**, please describe how expenditures differed from the original, approved grant proposal(s):

(Use the Enter key to add lines as needed)

I certify that information provided in this report is true and complete to the best of my knowledge:

Executive Director/CEO (printed):

Telephone:

Signature:

Date: